

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/885,616	FILING DATE 7-16-01	
CLAIMS								
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		1	
	IND.	DER.	IND.	DER.	IND.	DER.		IND.
1	/	/	/	/	/	/	51	
2	/	/	/	/	/	/	52	
3	/	/	/	/	/	/	53	
4	/						54	
5	/						55	
6	/						56	
7	/						57	
8	/						58	
9	/						59	
10	/						60	
11	/						61	
12	/						62	
13	/						63	
14	/						64	
15	/						65	
16	/						66	
17	/						67	
18	/						68	
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41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	32	-	2	-	1	-	TOTAL IND.	32
TOTAL DER.	21	-	13	-	5	-	TOTAL DER.	21
TOTAL CLAIMS	53	-	15	-	6	-	TOTAL CLAIMS	53

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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## CLAIMS ONLY

SERIAL NO  
09/889,616FILING DATE  
7-16-01

APPLICANT(S)

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11.19.04

## CLAIMS

	XREFED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
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TOTAL IND.	1		1		1	
TOTAL DEP.	6		6		6	
TOTAL CLAIMS	7		7		7	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS